

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064458

FILED
Feb 16, 2010
Secretary of State

Entity Name: THE LEGAIR LAW FIRM, P.A.

Current Principal Place of Business:

1601 N. PALM AVE.
304 A
PEMBROKE PINES, FL 33026

New Principal Place of Business:

1601 N. PALM AVE.
307
PEMBROKE PINES, FL 330263242

Current Mailing Address:

1601 N. PALM AVE.
304 A
PEMBROKE PINES, FL 33026

New Mailing Address:

1601 N. PALM AVE.
307
PEMBROKE PINES, FL 330263242

FEI Number: 20-0037419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAIR, LASHAWN
1601 N. PALM AVE.
304 A
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

LEGAIR, LASHAWN
1601 N. PALM AVE.
307
PEMBROKE PINES, FL 330263242 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LASHAWN LEGAIR

02/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LEGAIR, LASHAWN
Address: 1601 N. PALM AVE., SUITE 307
City-St-Zip: PEMBROKE PINES, FL 330263242 US

Title: S
Name: LEGAIR, LASHAWN
Address: 1601 N. PALM AVE., SUITE 307
City-St-Zip: PEMBROKE PINES, FL 330263242 US

Title: T
Name: LEGAIR, LASHAWN
Address: 1601 N. PALM AVE., SUITE 307
City-St-Zip: PEMBROKE PINES, FL 330263242 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LASHAWN LEGAIR

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date